

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-015

2. STATE
Ohio

FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

TO: **REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE
December 30, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42CFR430.12(c), 42CFR440.130

7. FEDERAL BUDGET IMPACT:

a. FFY **2005** \$ **0**
b. FFY **2006** \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Item 13, d.3. "Rehabilitative Services Provided
by Habilitation Centers" Page 6 of 9.**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

**Attachment 4.19-B, Item 13, d.3. "Rehabilitative Services
Provided by Habilitation Centers" Page 6 of 9.**

10. SUBJECT OF AMENDMENT:

Rehabilitation Services Provided by Habilitation Centers.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: **Governor has
delegated authority to ODJFS Director**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Barbara Riley**

14. TITLE: **Director**

15. DATE SUBMITTED: **December 22, 2004**

16. RETURN TO:

**Mel Borkan, Assistant Deputy Director
Office of Ohio Health Plans
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/28/04

18. DATE APPROVED

3/3/05

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 30, 2004 to June 30, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: **Associate Regional Administrator
Division of Medicaid and Children's Health**

23. REMARKS:

RECEIVED

DEC 28 2004

DMCH - IL/IN

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan (Continued)

d. Rehabilitative services (Continued)

3. REHABILITATIVE SERVICES PROVIDED BY HABILITATION CENTERS

Effective Date: Reimbursement methodology for October 1, 2004 – June 30, 2005

1). Methodology:

Refer to the methodology contained in the January 1, 2004 through April 4, 2004 methodology narrative for transportation.

Rates for school-based providers use the same methodology as described for the April 5, 2004 to July 1, 2004 period.

Rates for all other providers were based on rates paid in other Medicaid programs for occupational therapy, physical therapy, speech language pathology and audiology, nursing, psychology, and social work and counseling services. Rates for aggregated services are daily rates. When the services are billed as an aggregated rate the methodology is the same as in the January 1, 2004 to April 4, 2004 time period.

The (CODB) factor was removed from the rates.

For all providers, revenue cannot exceed expenditures and any overpayment shall be recovered.

2). Reimbursement:

When Habilitation Centers provide habilitation center services they shall receive rates as described above. ODJFS will no longer reimburse for physician services and nutrition services through the Habilitation Center program.

3). Non-federal share:

The non-federal match required to claim Federal financial participation (FFP) is met through the use of public funds appropriated directly from the legislature, along with certified public expenditures (CPEs) or local public monies from county boards of MRDD and participating local public school districts. Public providers are required to expend public funds for the cost of habilitation center services prior to making a claim for the eligible federal share of reimbursement. The protocol for 2004 and 2005 cost reconciliation includes verification of the eligibility for match of any certified public expenditure.

TN NO. 04-015 APPROVAL DATE: MAR 3 2005
SUPERCEDES
TN NO. 03-024 EFFECTIVE DATE: 12/30/04